

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**7/13/4 CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		2		1		2
4		1		1		2
5		1		1		2
6	1	1	1	1	1	2
7		1		1		1
8		2		2		2
9		1		1		1
10		1		1		1
11	1		1		1	
12		1		1		1
13		1		1		1
14		2		2		2
15		1		1		1
16	1	1	1	1	1	1
17		1		1		1
18		2		2		2
19		1		1		1
20		1		1		1
21	1		1		1	
22		1		1		1
23		2		2		2
24	1		1		1	
25		1		1		1
26						1
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TOTAL IND.	1		1		1	
TOTAL DEP.		6		6		6
TOTAL CLAIMS	1	6	1	6	1	6

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
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TOTAL DEP.						
TOTAL CLAIMS						